

# **SCHEDULE A (FEC Form 3P)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

**A.**

Full Name (Last, First, Middle Initial)

MRS. DEBORAH A. SYBERT

Mailing Address

4241 CONKLIN COURT

City

NEW ALBANY

State

OH

Zip Code

43054-8927

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.37237

**B.**

Full Name (Last, First, Middle Initial)

MS. LIVIA S. SYLVA

Mailing Address

111 E. 56TH STREET

City

NEW YORK

State

NY

Zip Code

10022-2600

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

RETIRED

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 0 7

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Transaction ID: SA17.55874

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. SYMINGTON, JR.

Mailing Address

2809 RIDGE ROAD DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-2407

FEC ID number of contributing  
federal political committee.

Name of Employer  
INDEPENDENT INSURANCE AGE-  
NTS & BROKERS

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Transaction ID: SA17.50097

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....